

Testimony of Health & Disability Advocates  
Stephanie Altman, Programs and Policy Director

Good afternoon, I am Stephanie Altman, Programs and Policy Director of Health & Disability Advocates. Thank you for the opportunity to present today to the Healthcare Reform Implementation Council on behalf of our clients who are low income children and adults with Special Health Care Needs.

Health & Disability Advocates represents children and families with special health care needs who seek health and income supports including Medicaid, Medicare and public and private insurance. We represent thousands of children each year who are medically complex and are trying to navigate the public and private health insurance markets in order to receive the services and supports they need for a full and integrated development. We applaud the State of Illinois for moving forward to define an Essential Health Benefits plan in an open and transparent forum which accounts for the viewpoints of families who are dealing with these issues on the ground level every day. Although, we plan to submit written comments to the Task Force on the EHB determination as a whole, today we are addressing two important issues in the EHB discussion: habilitative care for children and dental care for children.

1. Habilitative Services are critical especially for children with disabilities and, in many cases, are the same types of services as those covered under Rehabilitative Services but historically have not covered by insurance plans due to a pattern of coverage restrictions for developmental or non-restorative diagnoses. For example, occupational therapy is generally covered under insurance if a child loses the ability to write due to a hand injury but OT is generally not covered for a child who has cerebral palsy and is not able to fully use their hands from birth.
2. The state has wide latitude according to the HHS guidance to define the habilitative services that are required to be covered as Essential Health Benefits and should use that discretion to fulfill the meaning of the statute by requiring broad private coverage of these vital services such as OT, ST, PT, Autism services, respite and nursing. The statute required EHB to include habilitative services specifically because of the lack of coverage in insurance plans of therapies to treat developmental or non-restorative conditions.

3. It is important to define habilitative services broadly and appropriately as they are defined under the Medicaid state plan with reference to medical necessity as is mandated by EPSDT. We also point the task force members to the definition of habilitative services put forth by the National Association of Insurance Commission as an expansive and appropriate one to use.

4. Medicaid for Children, SCHIP, and Medicaid waivers such as the Medically Fragile/Technology Dependent waiver, have typically tried to fill this gap in coverage by providing services for developmental conditions. The guarantee of coverage of all medically necessary treatment in Medicaid through EPSDT and the services covered by Medicaid as a result should be the "benchmark" that Illinois looks to determine the appropriate coverage for children with special needs in EHB plans. Medicaid programs have the experience of providing habilitative services that allow children with special health care needs and disabilities to gain function and integration into their schools, homes and communities.

5. At a minimum, the state should require that plans cover habilitative services that are in parity with rehabilitative services in order to remove the discrimination that has long existed.

6. In addition, we would like to also address briefly the proposed benchmark coverage of pediatric dental care. We suggest that the state "benchmark" the EHB dental care benefits for children to the dental care available to children under Medicaid and SCHIP in Illinois. The Medicaid and SCHIP dental benefit is an appropriate benchmark because it is based on the AAP periodicity schedule and ensures appropriate coverage for preventative and specialty dental care.

If you have any questions or would like additional information, we would be happy to provide it to the Council.